

**DISCLOSURE SUMMARY PAGE**

File with:  
Iowa Ethics and Campaign  
Disclosure Board  
510 E. 12<sup>th</sup>, Ste. 1A  
Des Moines, Iowa 50319  
Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

Reset Form

2010 OCT 21 PM 12:53

10/19

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COMMITTEE NAME (Must be same as on Statement of Organization)

Svoboda for RecorderIMPORTANT: Indicate by # type of committee you are reporting for: 5

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party  
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political  
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

**CANDIDATE COMMITTEES ONLY:**

Candidate Name

Marilyn Svoboda

Political Party (if applicable)

Democratic

Office Sought

TAMA County Recorder

District (if Senate or House)

FORM

DR-2

(Rev. 12/2009)

DISCLOSURE  
REPORT**For Office Use Only**

Comm. # \_\_\_\_\_

Logged In \_\_\_\_\_

Scanned \_\_\_\_\_

Computer \_\_\_\_\_

Audited \_\_\_\_\_

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

John Svoboda  
SIGNATURE OF PERSON FILING REPORT

319-479-2732  
TELEPHONE

10/18/10  
DATE SIGNED

I AM FILING A OCT 19, 2010 REPORT FOR (1) ELECTION/(2) NON-ELECTION YEAR.

(report date)

Indicate by # 1☐ CHECK IF AMENDMENT TO REPORT DATED \_\_\_\_\_

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

Nov 2, 2010

County &amp; Local Committees, enter County in which Election is held

TAMA**STATEMENT OF CASH ON HAND**

**CASH ON HAND** at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 0.00**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below)

1630.00

Schedule F: Loans Received total (Attach Schedule F)

1425.33

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

0(Schedule H applies to Candidates' Committees Only)SUB-TOTAL.....\$ 3055.33**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)

2856.56

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

198.77

\*\*UNPAID BILLS (From Schedule D - Attach Schedule D)

\*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\*\*OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

CONSULTANT BREAKDOWN (Schedule G Attached?)

\_\_\_ YES \_\_\_ NO

**CANDIDATE COMMITTEES ONLY:**

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$ \_\_\_\_\_

**STATE COMMITTEES:** Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Reset Form

SCHEDULE

A

(Rev. 07/03)

MONETARY  
RECEIPTS

# CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

☐ CHECK THIS BOX IF  
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

*Suoboda for Recorder*

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
8-11-10	ID# CK# <i>Cash</i>			\$ <i>170.00</i>	<input checked="" type="checkbox"/>
8-27-10	ID# CK# <i>Cash</i>	<i>WB Coleman 2037 305 St Toledo, IA 52342</i>		<i>15.00</i>	<input type="checkbox"/>
8-29-10	ID# CK# <i>Cash</i>	<i>Jean nie Sieck 1008 S. Broadway Toledo, IA 52342</i>		<i>40.00</i>	<input type="checkbox"/>
9-10-10	ID# CK# <i>4612</i>	<i>Lud Perkins 902 Crescent DR Cresco, IA 52136</i>	<i>SISTER IN LAW</i>	<i>50.00</i>	<input type="checkbox"/>
9-10-10	ID# CK# <i>1486</i>	<i>Randy Suoboda 2979 120th ST NE Cedar Rapids, IA 52404</i>	<i>Nephew</i>	<i>30.00</i>	<input type="checkbox"/>
9-11-10	ID# CK# <i>2942</i>	<i>Darryl Kokesh 1212 Clark St Dysart, IA 52224</i>	<i>Brother</i>	<i>200.00</i>	<input type="checkbox"/>
9-11-10	ID# CK# <i>1265</i>	<i>Bernard Suoboda 2388 N Ave Clinton, IA 52217</i>	<i>Brother in Law</i>	<i>100.00</i>	<input type="checkbox"/>
9-11-10	ID# CK# <i>4980</i>	<i>Charlotte Uph 2248 310th St Toledo, IA 52342</i>	<i>Niece</i>	<i>50.00</i>	<input type="checkbox"/>
9-13-10	ID# CK# <i>10668</i>	<i>Monica Dolezal 9513 Monroe Ct. Urbandale, IA 50322</i>	<i>Niece</i>	<i>20.00</i>	<input type="checkbox"/>
9-13-10	ID# CK# <i>136</i>	<i>Marcella Puffs 6835 Blue River Way Colorado Springs, CO 80911</i>	<i>Cousin</i>	<i>10.00</i>	<input type="checkbox"/>

SUB-TOTAL

\$ *685.00*

TOTAL (if last page of this schedule)

\$

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 3  
(for Schedule A)

For Instructions, See Back of Form

Reset Form

# CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	MONEY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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9-14-10	ID# CK# 2254	Martha Dolezal 720 Country View Dr Toledo, IA 52342	Sister In-Law	\$ 50.00	<input type="checkbox"/>
9-14-10	ID# CK# 2456	Dorothy Hagony 2264 Hwy E 64 Tama, IA 52339	Sister In-Law	35.00	<input type="checkbox"/>
9-15-10	ID# CK# 6661	Roberta Black 282 SW Lansdale St. Oak Harbor, WA 98277	Niece	10.00	<input type="checkbox"/>
9-15-10	ID# CK# 6868	Anne Ausdemore <del>1705</del> 1705 Hillcrest Rd Wisher, NE 68791	Niece	25.00	<input type="checkbox"/>
9-15-10	ID# CK# 1390	Carole Svoboda 722 Country View Dr. Toledo, IA 52342	Sister In-Law	25.00	<input type="checkbox"/>
9-15-10	ID# CK# 1211	Tama Co. Democratic Central Comm 2937 240th St Clifton, IA 52217		100.00	<input type="checkbox"/>
9-18-10	ID# CK# 0069211622	Deb Svoboda Esp 1554 NW 103rd Street Clive, IA 50325	Niece	50.00	<input type="checkbox"/>
9-18-10	ID# CK# CASH	Helen Kokesh Country View Apts B1 New Hill, IA 52315	Mother	50.00	<input type="checkbox"/>
9-20-10	ID# CK# 18168	DARICA Stadler 2843 370 St Chelsea, IA 52215	Niece	50.00	<input type="checkbox"/>
9-20	ID# CK# 9869	Amy Brandt 1406 N Pleasant St Sumner, IA 50674	Niece	50.00	<input type="checkbox"/>

SUB-TOTAL

\$ 445.00

TOTAL (if last page of this schedule)

\$

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Page 2 of 3  
(for Schedule A)

For Instructions, See Back of Form

Reset Form

# CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE

**A**  
(Rev. 07/03)

MONETARY  
RECEIPTS

☐ CHECK THIS BOX IF  
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
9/20/10	ID# CK# 546	MARNE Chalupsky 205 5th Ave Elkhart, IA 52225		\$ 50 <sup>00</sup>	<input type="checkbox"/>
9-20-10	ID# CK# 9181	MARYAN Dostal 2457 220th St TRAEER, IA 50675		50 <sup>00</sup>	<input type="checkbox"/>
9-22-10	ID# CK# 0071	Diane Hoffman 4240 E Donald M Waterloo, IA 50703	Cousin	20 <sup>00</sup>	<input type="checkbox"/>
9-29-10	ID# CK# 4509	Linda Heseck 2911 220th St Clutier, IA 52217		30 <sup>00</sup>	<input type="checkbox"/>
10-1-10	ID# CK# 4246	Denise Upham Mills 15404 MASTIN St Overland Park KS 66221	Niece	100 <sup>00</sup>	<input type="checkbox"/>
10-1-10	ID# CK# 2481	Veronica Phulick 13 Eagle Dr Grinnell, IA 50112	Cousin	10 <sup>00</sup>	<input type="checkbox"/>
10-2-10	ID# CK# 5429	Jeanne Sreck 1008 S. Broadway Toledo, IA 52342		100 <sup>00</sup>	<input type="checkbox"/>
10-8-10	ID# CK# 5814	Holly Hagerty 7533 N Stagecoach Trail Warren, IL 61087	Niece	20 <sup>00</sup>	<input type="checkbox"/>
10-10-10	ID# CK# CASH	Angie Carter 503 8th St TMAA, IA 50675		20 <sup>00</sup>	<input type="checkbox"/>
10-10-10	ID# CK# CASH	Chris' Subodet 2527 270th Clutier, IA 52217	Son	100 <sup>00</sup>	<input type="checkbox"/>

SUB-TOTAL

\$ 500

TOTAL (if last page of this schedule)

\$ 1630<sup>00</sup>

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(for Schedule A)

Reset Form

**EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

**STATE PAC COMMITTEES: NOTE:** FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE <b>B</b> (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

*Svoboda for Recorder*

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
9-2-10	ID# CK# 1001	Mo Co Creative TMAER, IA 50615	Business Cards Re-Order	\$ 136 <sup>20</sup> / <sub>100</sub>
9-3-10	ID# CK# 1002	Victory Store Davenport, IA 52802	Yard Signs	625 <sup>00</sup> / <sub>100</sub>
9-7-10	ID# CK# 1003	US Post Office TMAER, IA 50615	STAMPS	26 <sup>40</sup> / <sub>100</sub>
9-9-10	ID# CK# 1004	VOID	VOID	—
9-9-10	ID# CK# 1005	Iowa Lumber Mansh/ITW, IA 50158	MATERIAL	23 <sup>11</sup> / <sub>100</sub>
9-15-10	ID# CK# 1006	Ultimate Image Toledo, IA 52342	Signs	139 <sup>10</sup> / <sub>100</sub>
9-20-10	ID# CK# 1007	Tama News Herald TAMA, IA	Ads	252 <sup>64</sup> / <sub>100</sub>
9-21-10	ID# CK# 1008	Victory Store Davenport, IA 52802	Yard Signs	299 <sup>00</sup> / <sub>100</sub>
SUB-TOTAL				\$ 1501.45
TOTAL (if last page of this schedule)				\$

**THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:**

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

 Page 1 of 3

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

# EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE <b>B</b> (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

*Subcommittee for Recorder*

DATE EXPENDED (MM/DD/YY)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10-13-10	ID# CK# 1009	A'DEAS Printing Wichita, KA 67211	Door Stickers	\$ 300.54
10-14-10	ID# CK# 1010	Tam News Herald Tama, IA	Ad	254.24
8-5-10	ID# CK# 1424	Mo Co Creative Tama IA 50625	Business Cards Post Cards	369.15
9-14-10	ID# CK# 1452	Memorials Wardenburg, IA	Printer	65.49
9-15-10	ID# CK# Cash	..	..	<del>47.64</del> 47.64
9-17-10	ID# CK# Cash	..	..	28.57
9-21-10	ID# CK# 1458	..	..	27.02
9-14-10	ID# CK# Cash	..	..	42.76
SUB-TOTAL				\$ 1135.41
TOTAL (if last page of this schedule)				\$

## THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 2 of 3

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

## EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE <b>B</b> (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

*Subode Sen Recorder*

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
7-30-10	ID# CK# <i>IndoCand</i>	<i>Dr. Dem's Butens</i> <i>Glendale, AZ 85308</i>	<i>Pins</i>	<i>\$100.91</i>
7-30-10	ID# CK# <i>1410</i>	<i>Staples</i> <i>Waukegan, IA 50702</i>	<i>Pens</i>	<i>88.79</i>
8-13-10	ID# CK# <i>1425</i>	<i>Ultimate Image</i> <i>Tulsa, IA 52342</i>	<i>Signs</i>	<i>30.00</i>
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				<i>\$ 219.70</i>
TOTAL (if last page of this schedule)				<i>\$ 2856.56</i>

### THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 3 of 3

(for Schedule B)

**RESET**

COMMITTEE NAME (Must be same as on Statement of Organization)

SCHEDULE

**F**

(Rev. 02/08)

LOANS  
RECEIVED  
& REPAY☐ CHECK THIS BOX IF  
AMENDING FORM

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ \_\_\_\_\_**PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD**

(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN
7-30-10	Maria S. Sub. 1 2609 P Ave Clinton IA 52027	Self	\$ 100 <u>91</u>
7-30-10	"	"	88 <u>79</u>
8-13-10	"	"	369 <u>15</u>
8-13-10	"	"	30 <u>00</u>

TOTAL (PART I)

\$ 588 85**PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD**

(Loans forgiven must be reported on Schedule E - In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAYED
			\$

TOTAL CASH REPAYMENTS (PART II)

\$ \_\_\_\_\_

From Schedule E - TOTAL LOANS FORGIVEN

\$ \_\_\_\_\_

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD

\$ \_\_\_\_\_

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Page 2 of 2  
(for Schedule F)



**RESET**

COMMITTEE NAME (Must be same as on Statement of Organization)

Svoboda Jan Resenden

SCHEDULE

**F**

(Rev. 02/08)

LOANS  
RECEIVED  
& REPAY☐ CHECK THIS BOX IF  
AMENDING FORM

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 0**PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD**

(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN
9-3-10	John Svoboda 2609 P Ave Clinton IA 52217	Husband	\$ 625 <sup>00</sup>
9-15-10	" "	" "	211 <sup>48</sup>

TOTAL (PART I)

\$ 836<sup>48</sup>**PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD**

(Loans forgiven must be reported on Schedule E - In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAYED
			\$

TOTAL CASH REPAYMENTS (PART II)

\$

From Schedule E - TOTAL LOANS FORGIVEN

\$

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD

\$ 1425<sup>33</sup>

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Page 2 of 2  
(for Schedule F)